## Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **March 1-15**, **2004.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

<b>APPLICATION FOR</b>			4	OMB Approval No. 0348-004
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED March 4, 2004		Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
Application	Preapplication			
Construction	Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Identifier
Non-Construction	Non-Construction			<u> </u>
5. APPLICANT INFORMATION Legal Name:			Organizational Unit:	
Tulare County Super		ol	Child Care Pro	
Address (give city, county, State,			this application (give a	number of person to be contacted on matters involving
Po Box 5091, Visalia	CA 932 B-309E (	GEIVE	Ray Chavez	(559) 651-3022
6. EMPLOYER IDENTIFICATION	NUMBER (#/W)		TYPE OF APPLICA	NT: (enter appropriate letter in box)
9 4 - 2 1 9 1	9 0 5 M	AR 15 2004	<sup> </sup>	В
			A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning
✓ New	Continuation C	CLEARINGHOU	S. Municipal S. Township	J. Private University K. Indian Tribe
If Revision, enter appropriate lette	<u> </u>		E. Interstate	L. Individual
The resident, emer appropriate reactions	5.(0) 55(55)		F. Intermunicipal	M. Profit Organization
A. Increase Award B. Deci	rease Award C. Increase	Duration	G. Special District	N. Other (Specify)
D. Decrease Duration Other(s	specify):			
			9. NAME OF FEDERA	AL AGENCY:
			USDA	
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU	MBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJECT:
		10-766	Rural Developme	ent Child Care B
			Traidi Bevelopine	THE CHING COLO D
	acilities Loans and Gr		1	
12. AREAS AFFECTED BY PRO		tes, etc.):		•
Earlimart, Farmersville, Lin	ndsay			
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:		
Start Date Ending Date	a. Applicant		b. Project	
7/1/04 6/30/05	21-nui	nes		21-nunes
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PR	SUBJECT TO REVIEW BY STATE EXECUTIVE OCESS?
a. Federal	\$	14,306		
	<u> </u>	17,500	4	PPLICATION/APPLICATION WAS MADE
b. Applicant	\$	11,705		TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:
c. State	\$	.00		
	Φ.	00	DATE	num ya sanna a Amina mayaa maa a San a Amina a
d. Local	\$		h No II DDOGDA	M IS NOT COVERED BY E. O. 12372
e. Other	\$	.00		GRAM HAS NOT BEEN SELECTED BY STATE
	•		FOR REV	
f. Program Income	\$	00		
		00	17. IS THE APPLICAN	IT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$	26,011 <sup></sup>	Yes if "Yes," a	attach an explanation.
18. TO THE BEST OF MY KNOW	VLEDGE AND BELIEF, ALL	DATA IN THIS APPLIC	ATION/PREAPPLICAT	ION ARE TRUE AND CORRECT, THE
1				IE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF T	THE ASSISTANCE IS AWAI	RDED.		
a. Type Name of Authorized Repr	esentative	b. Title		c. Telephone Number
Jlm Vidak	1.0	County Superintend		(559) 733-6301
d. Signature of Authorized Repres	sentative			e. Date Signed
Previous Edition Usable				Standard Form 424 (Rev. 7-97)
Authorized for Local Reproduction	1			Prescribed by OMB Circular A-102



FEDERAL ASSISTANCE	E	2. DATE SUBMITTED		Applicant l	Version 7
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B	12 2 00 1	050000000	)
Application	Pre-application				cation Identifier
Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGE	NCY Federal Ide	ntifier
Non-Construction  5. APPLICANT INFORMATION	Non-Construction				
Legal Name:			Organizationa	I Unit	
California Department of Correct	ction		Department		
Organizational DUNS: 832205678	The EGE	H V E DH	Division:	rlment of Correction	ns .
Address;	114		Legislative Liai		
Street: 1515 S Street, Room 351-North	IIII MAD	1 5 0004	Name and tele	phone number of application (give a	person to be contacted on matter
Legislative Liaison Office	UU  MAR	15 2004	Prefix; Mr.	First Name:	
City: Sacramento			Middle Name	William	
County: Sacramento	STATE CLEA	ARING HOUSE	Robert Last Name	*	
State: California	Zip Code 95814	THE PROPERTY OF THE PARTY OF TH	Crane Suffix:		
Country: United States of America	1 00017		Email:		
6. EMPLOYER IDENTIFICATIO	N NIIMBED (EIM)		berano48@car		rane@corr.ca. and
			Phone Number	(give area code)	Fax Number (give area code)
94-6001347 8. TYPE OF APPLICATION:			(916) 445-4143		(916) 323-0902
□ New	<b>Z</b>	Free	7. TYPE OF AP	PLICANT: (See ba	ick of form for Application Types)
If Revision, enter appropriate lette	er(e) in how/ee)	Revision	A. State		
(See back of form for description	of letters.)	П	Other (specify)		
Other (specify)	_		9. NAME OF FE	DERAL AGENCY:	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE	NUMBER:	11. DESCRIPTION	ustice, Bureau of Ju	ISTICE Assistance ICANT'S PROJECT:
TITLE (No. 11 Por		16-606	State Criminal A	lien Assitance Prod	
TITLE (Name of Program);			Federal Fiscal Y	'ear 2004	
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties,	States, etc.):			
N/A					
13. PROPOSED PROJECT Start Date:	T#		14. CONGRESS	IONAL DISTRICTS	OF:
N/A	Ending Date: N/A	_	a. Applicant Statewide		b. Project
15. ESTIMATED FUNDING:				TION SHE IECT TO	Statewide  REVIEW BY STATE EXECUTIVE
a. Federal \$			OKUEK 123/2 P	RUCESS7	
b. Applicant \$		75,000,000	a. Yes. 🗹 THIS	PREAPPLICATION	N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372
			PRO	CESS FOR REVIE	W ON
c. State \$		, cou	DATI	=: March	() 7a-1
d. Local \$		,80		-	12, 2004 /ERED BY E. O. 12372
e. Other \$		uo			
. Program Income \$		ou -	FUR	KEVIEW	T BEEN SELECTED BY STATE
i. TOTAL \$		w			NT ON ANY FEDERAL DEBT?
A TO THE REST OF MY KNOW	I FDOE AND DE	75,000,000	Yes If "Yes" a	ttach an explanation	ı. 🔲 No
8. TO THE BEST OF MY KNOW OCUMENT HAS BEEN DULY AL TTACHED ASSURANCES IF TH	JTHORIZED BY THE GO	LL DATA IN THIS APPL VERNING BODY OF TH	ICATION/PREAP	PLICATION ARE T	RUE AND CORRECT. THE
Authorized Representative	E ASSISTANCE IS AWA	ARDED.			WITH THE
	irst Name lichael		Mid	idle Name	
ast Name leal			B. Sut		
Title A A					:
ssistent birector - Legislative Liai Signature of Authorized Represen	son ( )		c. 1 (91	elephone Number ( 16) 445-4737	give area code)
	Tiative (a)			Date Signed Mu	
evious Edition Vsable uthorized for Local Reproduction	M	,		V	Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A 102

ADDI ICA	TION FOR					OMB Approval No. 0348-0043
	TION FOR - ASSISTA	NCE	2. DATE SUBMITTED March	4, 2004	Applicant Identifier	
1. TYPE OF SU	JBMISSION:		3. DATE RECEIVED BY	Y STATE	State Application Iden	tifier
Application Construct Non-Con	ction struction	Preapplication Construction Non-Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier	
5. APPLICANT	INFORMATION					
		rintendent of Schoo	ol	Organizational Unit: Child Care Pr		
	eity, county, State, 091, Visalia	, and zip code): CA 93278-5091		this application (give a	•	contacted on matters involving
6. EMPLOYER	IDENTIFICATIO	N NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate	letter in box)
9 4 -	2 1 9 1	9 0 5				В
8. TYPE OF AF	DI ICATION:			A. State B. County	H. Independent School  I. State Controlled Inst	ol Dist. Litution of Higher Learning
6. TIPE OF AF	✓ New	Continuation	Revision	C. Municipal D. Township	J. Private University K. Indian Tribe	audion of riights Learning
If Revision, ente	er appropriate lett	er(s) in box(es)		E. Interstate F. Intermunicipal	L. Individual M. Profit Organization	
A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):			Duration	G. Special District N. Other (Specify)		
				9. NAME OF FEDERA	AL AGENCY:	
				USDA		
10. CATALOG	OF FEDERAL DO	OMESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S	PROJECT:
			1 0 - 7 6 6	Rural Developme	ent Child Care A	Miles and the second se
		Facilities Loans and Go DJECT (Cities, Counties, Sta		4		RECEIVE
Cutler, Trav		Joe (Cides, Couriles, Cia	163, 610./.			
13. PROPOSEI		14. CONGRESSIONAL DIS	STRICTS OF:	1		MAR 1 2 2004
Start Date 7/1/04	Ending Date 6/30/05	a. Applicant 21-nu	nes	b. Project	21-nunes	STATE CLEARING HOL
15. ESTIMATE				16. IS APPLICATION		BY STATE EXECUTIVE
				ORDER 12372 PR	OCESS?	
a. Federal		\$	47,272	a YES THIS PREA	PPLICATION/APPLICA	ATION WAS MADE
b. Applicant		\$	38,678	AVAILABLE		CUTIVE ORDER 12372
c. State		\$	.00	DATE		
d. Local		\$	.00	_	M IS NOT COVERED E	BY E. O. 12372
e. Other		\$	.00	4	RAM HAS NOT BEEN	SELECTED BY STATE
f. Program Incor	ne	\$	.00			
g. TOTAL		\$	.00	17. IS THE APPLICAN		
			85,950		ttach an explanation.	☑ No
18. TO THE BE	ST OF MY KNOV	VLEDGE AND BELIEF, ALL	DATA IN THIS APPLIC	ATION/PREAPPLICAT	ON ARE TRUE AND C	ORRECT, THE

DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative County Superintendent of Schools Jlm Vidak d. Signature of Authorized Representative

c. Telephone Number (559) 733,6301 e. Date Signed

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Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102



V۴	ers	ion	7/	0.3

APPLICATION FOR					Version 7/03	
		2. DATE SUBMITTED February 11, 2004		Applicant Iden	Applicant Identifier	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicati	on Identifier	
☑ Construction	☐ Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Identif	ier	
Non-Construction	Non-Construction					
5. APPLICANT INFORMATION Legal Name:	N .		Organizational Unit:			
County of El Dorado			Department:	nal Camilaga		
Organizational DUNS:			Division:	ral Services		
07-154-3201			Airpo		rson to be contacted on matters	
Address: Street:			involving this applic			
360 Fair Lane			Prefix:	First Name: Dave		
City: Placerville			Middle Name	Dave		
County: El Dorado			Last Name Nicolls			
State:	Zip Code		Suffix:			
California Country:	95667		Email:			
USA			dnicolls@co.	el-dorado.ca.us	I Tanahan ( )	
6. EMPLOYER IDENTIFICATION			Phone Number (give a	area code)	Fax Number (give area code)	
94-600051	1		(530) 622-0459	ANT. O	530-622-0270	
8. TYPE OF APPLICATION:	ryes,	44****	7. TYPE OF APPLIC	ANT: (See back	k of form for Application Types)	
<b>I</b> Ne If Revision, enter appropriate le		n Revision	B. County			
(See back of form for descriptio	n of letters.)		Other (specify)			
Other (specify)		LJ	9. NAME OF FEDER Federal Aviation Adn			
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTIVE T	ITLE OF APPLI	CANT'S PROJECT:	
		2 0-1 0 6	Placerville Airport, El			
TITLE (Name of Program):			East End Service	Road (30' x 3,60	10.) A granua granua o a montana	
Airport Improvement Program  12. AREAS AFFECTED BY PI	ROJECT (Cities, Countie	s. States. etc.):	_		MAR 1 1 200	
Placerville, El Dorado Count	•	-,,			a constant	
13. PROPOSED PROJECT	<i>j</i> ,		14. CONGRESSION	AL DISTRICTS	OF:	
Start Date:	Ending Date:		a. Applicant 04		b. ProjecSTATE CLEARING HC	
2004 15. ESTIMATED FUNDING:	2004		1	N SUBJECT TO	REVIEW BY STATE EXECUTIVE	
		00	ORDER 12372 PROC	CESS?		
a. Federal	\$	805,030	a. Yes. AVAILA	BLE TO THE ST	N/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant	\$	42,370		SS FOR REVIEV		
c. State	\$	.00	DATE: F	ebruary 16, 200	04	
	\$	00	PROGR	AM IS NOT COV	/ERED BY E. O. 12372	
			D. NO. III			
e. Other	\$	.00	FOR RE	VIEW	T BEEN SELECTED BY STATE	
f. Program Income	\$	.00	17. IS THE APPLICA	ANT DELINQUE	NT ON ANY FEDERAL DEBT?	
g. TOTAL	\$	847,400	☐ Yes If "Yes" attac	h an explanation	n. 🗵 No	
18. TO THE BEST OF MY KN	OWLEDGE AND BELIE	F. ALL DATA IN THIS AF	PPLICATION/PREAPPL	ICATION ARE	TRUE AND CORRECT. THE	
DOCUMENT HAS BEEN DUL'	Y AUTHORIZED BY THE	GOVERNING BODY OF	THE APPLICANT AND	THE APPLICA	ANT WILL COMPLY WITH THE	
	- THE ASSISTANCE IS A	AWARDED.				
ATTACHED ASSURANCES IF						
ATTACHED ASSURANCES IF a. Authorized Representative			Middle	e Name		
ATTACHED ASSURANCES IF a. Authorized Representative Prefix Mr. Last Name	First Name George		Middle Suffix			
ATTACHED ASSURANCES IF a. Authorized Representative Prefix Mr. Last Name Sanders		1	Suffix		(give area code)	
a. Authorized Representative Prefix Mr. Last Name Sanders b. Title Interim Director of Genera	First Name George	4.0	Suffix c. Tel (530)	ephone Number 621-5846		
ATTACHED ASSURANCES IF a. Authorized Representative Prefix Mr. Last Name Sanders b. Title	First Name George	//: X 6	Suffix c. Tel (530)	ephone Number		

## MAR 1 1 2004

APPLICATION FOR				OMB Approval No. 0348-0043		
FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED		Applicant Identifier		
I EDETO LE MOCIONA		3/4/2004				
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier		
Application	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
☐ Construction  Non-Construction	Non-Construction	A. DATE RECEIVED DE	/ EDC/OLINOLINO			
5. APPLICANT INFORMATION	(LX) Non construction					
Legal Name:			Organizational Unit:			
Post Mountain	<u>Public Utilit</u>	y District	Special	District Fire District		
Address (give city, county, State,	and zip code):		Name and telephone in this application (give a	number of person to be contacted on matters involving		
P.O. Box 1026	0.41		Fire Chie	f,Ingrid Landis		
Hayfork, CA 96	041		(530) 628			
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter in box)		
9 4-3 114 1	8 3 3		A. State	H. Independent School Dist.		
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning		
∑ New	Continuation	Revision	C. Municipal	J. Private University		
		· —	D, Township	K. Indian Tribe L. Individual		
If Revision, enter appropriate lett	cr(s) In box(es)		E. Interstate	M. Profit Organization		
I D Doo	rease Award C. Increas	e Duration	F. Intermunicipal M. Prolit Organization G. Special District N. Other (Specify)			
	specify):		<b>V</b> ( <b>V</b>   <b>V</b>			
D, Dedicase Belgines.			9. NAME OF FEDERA	AL AGENCY:		
			i .	1 Development		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N		11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:		
		1 0 _ 7 6 6	D + M	»tois MED (		
717. F.			Fire App	ntain VFD/ aratus-Pumper 4X4		
TITLE: 12. AREAS AFFECTED BY PRO	DJECT (Cilies, Counties, St	ales, etc.):	1	-		
Post Mountain'			Cty.			
			1 2			
13. PROPOSED PROJECT	14. CONGRESSIONAL D	ISTRICTS OF:	Distric	et 2		
Start Date Ending Date	a. Applicant		b. Project			
7/2004 6/2024		n PUD	Post Mount	ain VFD/Fire Apparatus-		
15. ESTIMATED FUNDING:				SUBJECT TO REVIEW BY STATE EXECUTIVE		
		101	ORDER 12372 PI	ROCESS?		
a. Federal	\$	•	2 YES THIS PRE	APPLICATION/APPLICATION WAS MADE		
L North Control	30,000	.qo		E TO THE STATE EXECUTIVE ORDER 12372		
b. Applicant	35,000.		PROCESS	FOR REVIEW ON:		
c. State	\$	.60				
		υū	DATE			
d. Local County	\$ 15,000.	•	b. No. TEPROGR	AM IS NOT COVERED BY E. O. 12372		
e. Other	\$	.00	ORPRO	GRAM HAS NOT BEEN SELECTED BY STATE		
USDA Loan	1000000.		FOR RE	VIEW		
f, Program Income	\$	aņ,	(F. 10 THE 4 DO) ICA	NT DELINQUENT ON ANY FEDERAL DEBT?		
	The state of the state of	נוט	⊣			
g, TOTAL	\$ 180,000.	•	<del></del>	attach an explanation. No		
18. TO THE BEST OF MY KNO	WILDOL AND BELIEF A	LL DATA IN THIS APPLIC	CATION/PREAPPLICA	TION ARE TRUE AND CORRECT, THE		
DOCUMENT HAS BEEN DUL	Y AUTHORIZED BY THE G	OVERNING BODY OF TH	HE APPLICANT AND I	HE APPLICANT WILL COMPLY WITH THE		
ATTACHED ASSURANCES IF	THE ASSISTANCE IS AW	b. Tille		c. Telephone Number		
a. Type Name of Authorized Repail Davis			Board of D	$\frac{530-628-4435}{}$		
d Signature of Authorized Repr	escntative-			e. Date Signed / 0 4		
	avis F		WE FST	Standard Form 424 (Rev. 7-97)		
Previous Edition Usable				Prescribed by OMB Circular A-102		
Authorized for Local Reproducti	, I	1				
		MAR 1 1 2	004			
	144	il murit i 7	UU4   L			
	1	1	1 1			

Org Name: LIFELONG MEDICAL CARE

UDS Number: 092880

APPLICATIO		_	2. DATE SUBMITTED		Applicant Identifier	
FEDERAL A	SSISTANCE	E		3/1/2004		
1. TYPE OF SUBMISSI Application	i	lication	3. DATE RECEIVED B	BY STATE	State Applicationt lo	dentifier
Construction	Co	nstruction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier	
✓ Non-Constructi	ion No	n-Construction			6 H80CS00808-02-	01
5. APPLICANT INFORM	MATION					
Legal Name:	21041 0455			Organizational Unit:		
LIFELONG MED						
P.O box 11247		e)		Marty Lynch (510) 981-4100		ontacted on matters involving this
BERKELEY, CA Alameda County						
		/E/A/\.		7 TYPE OF APPLICA	NT (enter apprpriate letter in	n hoyl
6. EMPLOYER IDENTIF	FICATION NUMBER	(E114).				IN
	TON			A. State B. County	H. Independen I. State Contro	it School Dist olled Institution of Higher Learning
8. TYPE OF APPLICAT  If Revision, enter appro	New [	L L	Revision	C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	J. Private Univ K. Indian Tribe L. Individual M. Profit Organ	ersity
A. Increase Award D. Decrease Duration	B. Decreas n Other (spec		crease Duration	9. NAME OF FEDERA		Cily)
				HHS, BPHC		
10. CATALOG OF FEI	DERAL DOMESTIC Annunity Health Center		ER:	-	LE OF APPLICANT'S PROS enewal Application for	JECT: r Primary Care Services
				1		The state of the s
42 ADEAS ASSESSED	D BY DBO JECT /oit	an acustian states	oto 1:	-		RECEIVEL!
12. AREAS AFFECTEI Northern Alamed		es, counties, states,	etc.).			A program
Nottriciti Alamed	a County					MAR 1 0 2004
13. PROPOSED PROJ	FCT·	14 CONGRESSIO	NAL DISTRICTS OF			1811-111
Start Date	Ending Date	a. Applicant			b. Project	
07/01/2002	06/30/2007	9			9	STATE CLEARING HOUSI
15. ESTIMATED FUND	DING:		16. IS APPLIC	ATION SUBJECT TO R	EVIEW BY STATE EXECUT	IVE ORDER 12372 PROCESS
a. Federal		2,299,625	a. 120, 1	THIS PREAPPLICATION/ E ORDER 12372 PROC		AVAILABLE TO THE STATE
b. Applicant		0	00	O3/01/2004		
c. State		189,099	.00 b. NO.	✓ PROGRAM IS N	NOT COVERED BY E.O. 123	172
d. Local		2,573,629	.00		HAS NOT BEEN SELECTED	
e. Other		731,966	.00	<del></del>		
f. Program Income		10,924,513	.00 17. IS APPLICA	ATION DELINQUENT O	N ANY FEDERAL DEBT?	
g. TOTAL		16,718,832	.00	Yes If "Yes",	attach an explanation	No
18. TO THE BEST OF M	MY KNOWLEDGE AN	D BELIEF, ALL DAT	A IN THIS APPLICATI	ON/PREAPPLICATION	ARE TRUE AND CORRECT	, THE DOCUMENT HAS BEEN DULY
a. Typed Name of Aut Marty Lynch	horized Representat	ive	AND THE APPLICAN	b. Title Executive Direct		cES IF THE ASSISTACE IS AWARDED. c. Telephone Number 510-981-4100
d. Signature of Author	rized Represetative					e. Date Signed
Electronically Sig	ned by: Martin A	. Lynch				3/1/2004

OMB Approval No. 0348-0043

APPLICATION FOR	ζ ,				IVIB APPIBUAL NB: 05-0-00
FEDERAL ASSISTA	ANCE	2. DATE SUBMITTED 3/4/2004		Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED	RY STATE	State Application Identifi	or
Application	Preapplication			Oldio Application (dollin)	OI
Construction	Construction	4. DATE RECEIVED I	BY FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction		,		
5. APPLICANT INFORMATIO	N				
Legal Name:			Organizational Unit:		
Post Mountain		ity District	Special	District- Fi	re District
Address (give city, county, State P.O. Box 1006	:ө, апа zip coae):	,		number of person to be co	ontacted on matters involv
	C 0 4 1		this application (give a	f,Ingrid Lan	odia
Hayfork, CA 9	D U 4 I		(530) 628		iu is
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):			NT: (enter appropriate les	(ler in box)
9 4-3 114	1833				G
			A. State	H. Independent School D	Dist.
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institu	ition of Higher Learning
<b>⅓</b> N€	w Continuation	Revision	C. Municipal	J. Private University	
If Boulden onter operanders to			D. Township	K. Indian Tribe	
If Revision, enter appropriate is	inter(B) IU DOX(GB)		E. Interstate	L. Individual	
A. Increase Award B. De	ecrease Award C. Incre	ase Duration	F. Intermunicipal	M. Profit Organization	
D. Decrease Duration Other		asa Duration	G. Special District	N. Other (Specify)	
	11 32		9. NAME OF FEDERA	L AGENCY:	
		**************************************	USDA Rural	l Developmen	+
10. CATALOG OF FEDERAL I	OMESTIC ASSISTANCE	NUMBER:		LE OF APPLICANT'S PE	
		10 _ 766	_		(OOLO).
			Post Mour	ntain VED	The I I I I I I I I
TITLE: 12. AREAS AFFECTED BY PR	O IFOT (OW)		Fire Appa	ntain VED eratus-Phmpe	r 4X4 C U
			,	11/2	nemacca
Post Mountain'			Cty.	MA	R 1 0 2004
13. PROPOSED PROJECT	14. CONGRESSIONAL I	DISTRICTS OF:	Distric	t 2	LOUGE
Start Date Ending Date	a. Applicant		b. Project	STATE	LEARING HOUSE
7/2004 6/2024	Post Mounta	in PUD	1 '	in VFD/Fire	70000000
15. ESTIMATED FUNDING:			18. IS APPLICATION S	BUBJECT TO REVIEW B	Y STATE EXECUTIVE
			ORDER 12372 PRO		· OFFICE EXECUTIVE
a. Federal	\$	. 00	7		
	30,000		a. YES, THIS PREAF	PPLICATION/APPLICATION	ON WAS MADE
b. Applicant	\$ ,	,00	AVAILABLE	TO THE STATE EXECUT	IVE ORDER 12372
c. State	35,000.	80	PROCESS F	OR REVIEW ON:	
T. The the			DATE		
d. Local County	\$ 3.5.000		- DATE		•
Country	15,000.	•	b. No. DEPROGRAM	I IS NOT COVERED BY I	F. O. 12372
e, Other	\$	,88		RAM HAS NOT BEEN SE	
USDA Loan	1000000		FOR REVIE		TESTED DI GIVIE
. Program Income	\$	.00			
:	7800000		17. 19 THE APPLICANT	DELINQUENT ON ANY	FEDERAL DEBT?
). TOTAL	190 000	000	Yes if "Yes," at		
A TO THE BEST OF MY KNOW	180,000.	I DATA IN THE THE	3		□ No
6. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE O	LL DATA IN THIS APPLIC	ATION/PREAPPLICATION	ON ARE TRUE AND COR	RECT, THE
ATTACHED ASSURANCES IF	THE ASSISTANCE IS AW.	OFERNING BODY OF TH	E APPLICANT AND THE	APPLICANT WILL COM	IPLY WITH THE
. Type Name of Authorized Rep	resentative	b. Title		. Telephone Number	
Paul Davis				530-628-4	125
I. Signature of Authorized Regres	sentative		9	Date Signed	
	wil			3/5/04	
Previous Edition Usable authorized for Local Reproduction	•			Standard Form	•
majoritar ini rocal Rebigginchol	I			Prescribed by Oil	MB Circular A-102

Prescribed by OMB Circular A-102

## **APPLICATION FOR**

OMB Approval No. 0348-0043

FEDERAL	- ASSISTA	NCE	2. DATE SUBMITTED		Applicant Identifier	
1. TYPE OF SU	IBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application		Preapplication				
☐ Construct ✓ Non-Con		Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
	INFORMATION	Non-Construction				
Legal Name:		DE	G E I V E	Organizational Unit:		
	lley Center		<u> </u>	Great Valley C		
1	ity, county, State	11-11		Name and telephone r	number of person to be contacted	on matters involving
1	ham Street	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1AR - 8 2004	Carol Whitesic	de	
L	CA 95354					
		N NUMBER (EIN):	THE PROPERTY OF THE PARTY OF TH	7. TYPE OF APPLICA	NT: (enter appropriate letter in bo H. Independent School Dist.	x)
77-	0 4 5 0	770 STATE	CLEARING HU	UDE J	H. Independent School Dist.	N
8. TYPE OF AP	PLICATION:	1 100	A STATE OF THE PARTY OF THE PAR	B. County	I. State Controlled Institution of H	
,	₩ Nev	v	Revision	C. Municipal	J. Private University	3
				D. Township	K. Indian Tribe	
if Revision, ente	er appropriate lett	er(s) in box(es)		E. Interstate	L. Individual	
A. Increase A	ward B. Dec	rease Award C. Increase	Duration	F. Intermunicipal G. Special District	M. Profit Organization  N. Other (Specify) Non-P	rofit
D. Decrease I	Ouration Other(	specify):				
				9. NAME OF FEDERA	AL AGENCY:	
			100 C C C C C C C C C C C C C C C C C C	Economic Develo	opment Administration	
10. CATALOG	OF FEDERAL D	OMESTIC ASSISTANCE NU		11. DESCRIPTIVE TIT	TLE OF APPLICANT'S PROJECT	:
			1 1 — 3 0 7		ess plan for a Central Valley	/ Agri-Food
TITLE:	Economic A	djustment		Research Institute at UC Merced		
12. AREAS AF	FECTED BY PRO	OJECT (Cities, Counties, Stat	tes, etc.):			
San Joaquir	n-Stanislaus-N	Merced-Madera-Fresno	-Kings-Tulare-Kern			
13. PROPOSED	PROJECT	14. CONGRESSIONAL DIS	TRICTS OF:			
Start Date	Ending Date	a. Applicant		b. Project		
5/1/04	5/1/05	Californ	ia 18		alifornia 11, 18, 19, 20, 21	
15. ESTIMATED	FUNDING:				SUBJECT TO REVIEW BY STAT	E EXECUTIVE
a. Federal		<b>\\$</b>	00	ORDER 12372 PR	OCESS?	
		•	75,000 <sup>°</sup>	a. YES. THIS PREA	PPLICATION/APPLICATION WAS	S MADE
b. Applicant		\$	.00	l .	TO THE STATE EXECUTIVE OF	RDER 12372
c. State		\$	.00		FOR REVIEW ON: 03/03/04	
d. Local		\$	.00	DATE		
				b. No. 🗌 PROGRA	M IS NOT COVERED BY E. O. 12	2372
e. Other		\$	32,000	i	GRAM HAS NOT BEEN SELECTE	D BY STATE
f Brogram Incom	m a	•	00	FOR REV	TEW	
f. Program Incor	110	<b>\$</b>	•	17. IS THE APPLICAN	T DELINQUENT ON ANY FEDER	RAL DEBT?
g. TOTAL		\$	107,000	1	attach an explanation.	₩ No
18. TO THE BE	ST OF MY KNOW	L VLEDGE AND BELIEF. ALI	·	ATION/PREAPPLICAT	ION ARE TRUE AND CORRECT,	
DOCUMENT H.	AS BEEN DULY	AUTHORIZED BY THE GOV THE ASSISTANCE IS AWAI	VERNING BODY OF THE	E APPLICANT AND TH	HE APPLICANT WILL COMPLY W	ITH THE
a. Type Name o	f Authorized Rep		b. Title		c. Telephone Number	
Carol Whites			President		(209) 522-5103	
d. Signature of A	Autrorized Repre	Totalex 18			e. Date Signed 3	2004
Previous Edition	Heable				Obs. de d. 7 404 / 10	7.707

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Standard Form 424 (Rev. 7-97) / Prescribed by OMB Circular A-102

APPLICATION FOR	-	***				****
i		2. DATE SUBMITTED Applicar		Applicant Identifier	pplicant Identifier	
FEDERAL ASSISTANCE	ERAL ASSISTANCE		3/1/2004			
1. TYPE OF SUBMISSION:	1	ATE RECEIVED BY	STATE	State Applicationt Id	entifier	
Application Preapplicat	tion					
Construction Constru	uction 4. D.	ATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	.4	
Non-Construction Non-Co	onstruction			6 H80CS00524-02-0	1	
5. APPLICANT INFORMATION						
Legal Name:	107	n na ra	Organizational Unit:			
LONG VALLEY HEALTH CENTER,	是局层	11 W 13	Naved bet Stanbara number	r of the namen to be co	ntacted on matters involving	thic
Address (give city, county, state, and zip code)		п -	application give area code)	of the person to be co	macted on matters involving	uns
50 Branscomb Rd.	(1		Dahiel Kraka			
P.O Box 870	II MAD -	- 8 2004	70 984-6137 ext 117	7		
LAYTONVILLE, CA 95454	11 MAIL	0 2001				
Mendocino						
6. EMPLOYER IDENTIFICATION NUMBER (EIN			THYPE OF APPLICANT (	anter apprpriate letter in	box) N	
1942536128A1	FATE CLE	ARING H	ا متلاق (۵)	H. Independent		
8. TYPE OF APPLICATION:	IVITOTE	7.11.11.1	B. Gounty C. Municipal	State Control     J. Private Unive	led Institution of Higher Lean	ning
New 🗸	Continuation	Revision	D. Township E. Interstate	<ul><li>K. Indian Tribe</li><li>L. Individual</li></ul>		
If Revision, enter appropriate letter(s) in box(es			F. Intermunicipal	M. Profit Organia	zation	
A. Increase Award B. Decrease Av		se Duration	G. Special District	N. Other (Spec	rify) Private Non-Profit	_
D. Decrease Duration Other (specify):			9. NAME OF FEDERAL AG	ENCY:		
			HHS, BPHC			
10. CATALOG OF FEDERAL DOMESTIC ASSI	ISTANCE NUMBER:		11. DESCRIPTIVE TITLE O	F APPLICANT'S PROJ	ECT:	DEDAYWARAN NA 1997
Community Health Centers	OTATOL NOMBLIC		Comprehensive Hea			
					(HMSA, DHPSA, MU	۹,
			MUP)			
12. AREAS AFFECTED BY PROJECT (cities, c	counties, states, etc.):	•				
Northern Mendocino County, Californ	-					
,						
13. PROPOSED PROJECT: 14	4. CONGRESSIONAL	L DISTRICTS OF			**************************************	Knowenia
· · · · · · · · · · · · · · · · · · ·	a. Applicant		i	Project		
1	-irst		Fir	st		
07/01/2004 06/30/2005			!			
15. ESTIMATED FUNDING:		16. IS APPLICA	ATION SUBJECT TO REVIE	W BY STATE EXECUTI	VE ORDER 12372 PROCES	S
a. Federal	366,925.00	1/50 7	UO ODEADO IOATIONIADO	CATION WAS MADE	WALLARIE TO THE STATE	
			IIS PREAPPLICATION/APPL ORDER 12372 PROCESS F		WAILABLE TO THE STATE	
b. Applicant	0.00	DA	F 00/07/0004			
		-	02/27/2004	***************************************		
c. State	218,154.00					
		b. NO.	PROGRAM IS NOT C	OVERED BY E.O. 1237	72	
d. Local	0.00			NOT DEEL OF CO	OTATE COD DEMEN	
o Other			OR PROGRAM HAS	NOT BEEN SELECTED	STATE FOR REVIEW	
e. Other	44,000.00					
f. Program Income		17. IS APPLICA	TION DELINQUENT ON ANY	FEDERAL DEBT?		
1. Flogram moone	1,792,695.00					
g. TOTAL	0.404.774.00	7 1 -	Yes If "Yes", attach	an explanation	No	
	2,421,774.00					
18. TO THE BEST OF MY KNOWLEDGE AND B	ELIEF, ALL DATA IN	THIS APPLICATION	N/PREAPPLICATION ARE	RUE AND CORRECT,	THE DOCUMENT HAS BEE	N DULY
AUTHORIZED BY THE GOVERNING BODY OF T a. Typed Name of Authorized Representative		U THE APPLICANT	b. Title	ATTACHED ASSURAN	c. Telephone Number	AVVAKUED.
Dan Kvaka			Executive Director		707 984-6137 ext 11	7
d. Signature of Authorized Represetative					e. Date Signed	
Electronically Signed by: Daniel Kyal	ıka				3/1/2	004

Org Name: LONG VALLEY HEALTH CENTE UDS Number: 091650

APPLICATION FOR	_	O DATE OUDMITTED		T	Version 7/0
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Idea	ntifier 3 FCH FFY2004
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Application Identifier	
☑ Construction	☑ Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Ident	ifier
☐ Non-Construction	Non-Construction				
5. APPLICANT INFORMATION Legal Name:	<u> </u>		Organizational Unit		
CITY OF FRESNO			Department: TRANSPORTATION		TELEVIL PENEUR ASSESSMENT ASSESSM
Organizational DUNS:				<del></del>	· · · · · · · · · · · · · · · · · · ·
17-678-5079 Address:		CEIVE	Division: AIRPORTS		
Street:	114/1-		involving this applic	e number of pe cation (give are	erson to be contacted on matters ea code)
4995 EAST CLINTON WAY		11.00	Prefix: MR	First Name: KEVIN	
City: FRESNO		MAR 8 2004	Middle Name	IXCANA	
County: FRESNO			Last Name MEIKLE		
State: CA	Zip Code STATE 93727	CLEARING HOU			
Country:	93121	111101100	Email:		18-92-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
6. EMPLOYER IDENTIFICATION	N NUMBER (EIM):		Kevin.Meikle@fresno Phone Number (give a		Foy Number (-in-
	• •		(559) 621-4536	irea code)	Fax Number (give area code) (559)498-5549
9 4 - 6 0 0 0 3 3 8 8. TYPE OF APPLICATION:			l' '	ANT: (See hac	k of form for Application Types)
☑ Nev	v 🔲 Continuation	n 🔲 Revision	C. MUNICIPAL	Airi. (Occ bac	K of form for Application Types)
If Revision, enter appropriate lett (See back of form for description	er(s) in box(es) of letters.)		Other (specify)		
Other (specify)			9. NAME OF FEDER. FEDERAL AVIATION	AL AGENCY:	TION
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE TI		
TITLE (Name of Program): AIRPORT INPROVEMENT PRO	OGRAM (AIP)	20-106	FRESNO CHANDLEI REHABILITATE TER RELOCATE SEGME	MINAL BUILDIN	
12. AREAS AFFECTED BY PRO	OJECT (Cities, Counties,	States, etc.):			
COUNTIES OF FRESNO, MADI	ERA, TULARE, KINGS, I	MERCED, MARIPOSA			
13. PROPOSED PROJECT Start Date:	Ending Date:		14. CONGRESSIONA a. Applicant	L DISTRICTS	OF:   b. Project
10/2004	9/2006		18th		18th
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PROC		REVIEW BY STATE EXECUTIVE
a. Federal \$		210,060	A VOS ITTI THIS PRE	APPLICATION	/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$		11,056	PROCES	S FOR REVIEW	VON
c. State \$		0 .	DATE: TI	nis Date	
d. Local \$			b. No. 🔲 PROGRA	M IS NOT COV	ERED BY E. O. 12372
e. Other \$		.00			F BEEN SELECTED BY STATE
f. Program Income \$		.00	17. IS THE APPLICAT		NT ON ANY FEDERAL DEBT?
g. TOTAL \$		221,116 ·	☐ Yes If "Yes" attach		
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	AUTHORIZED BY THE (	SOVERNING BODY OF T	LICATION/PREAPPLIC HE APPLICANT AND	CATION ARE T THE APPLICAN	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
a. Authorized Representative Prefix MR.	First Name SEVERO		Middle	Name	
Last Name ESQUIVEL	^	2	Suffix	<del></del>	and the second s
b. Title INTERIM DIRECTOR OF TRANS	SPORTATION		c. Teler (559) 6	phone Number ( 21-4500	give area code)
d. Signature of Authorized Repres	sentative /	al	e. Date	Cinnad	-17-04
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APPLICATION FOR		2. DATE SUBMI	TTED		Applicant Ider	Version 7/03
FEDERAL ASSISTANCE		Z. DATE SUBIVIT	HED		Applicant ider	AIP-3-06-0087 FYI FFY04
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIV	VED BY	STATE	State Applicat	ion Identifier
☑ Construction	☑ Construction	4. DATE RECEIV	VED BY	FEDERAL AGE	Federal Identi	fier
Non-Construction	☐ Non-Construction					
5. APPLICANT INFORMATION Legal Name:				Organization	al Unit:	
CITY OF FRESNO			51	Department: TRANSPORT	ATION	
Organizational DUNS:	DEGE	1 V E 1	n11-	Division: AIRPORTS	ATTON	
17-678-5079 Address:	HOLF		HH-		ephone number of pe	rson to be contacted on matters
Street: 4995 EAST CLINTON WAY	1101	0.0004		involving this	application (give are	
4995 EAST CLINTON WAT	IIIII MAR -	8 2004 <b>L</b>	7	Prefix: MR.	First Name: KEVIN	
City: FRESNO				Middle Name		
County: FRESNO	STATE CLEA	RING HOU	SE	Last Name MEIKLE		
State: CA	Zip Code 93727			Suffix:		
Country: UNITED STATES				Email: Kevin.Meikle@	Ofresno gov	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):			`	r (give area code)	Fax Number (give area code)
9 4 - 6 0 0 0 3 3 8				(559) 621-453	6	(559) 498-5549
8. TYPE OF APPLICATION:				7. TYPE OF A	PPLICANT: (See back	k of form for Application Types)
New  If Revision, enter appropriate lette		n 🔲 Revisio	'n	C. MUNICIPA	L	
(See back of form for description	of letters.)	П		Other (specify)		
Other (specify)				9. NAME OF F FEDERAL AV	EDERAL AGENCY: IATION ADMINISTRAT	TION
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:		11. DESCRIP	TIVE TITLE OF APPLI	CANT'S PROJECT:
TITLE (Name of Program): AIRPORT IMPROVEMENT PRO	OGRAM (AIP)	20-10	6	OF VARIOUS	TAXIWAYS, PURCHA TON OF RUNWAY 11L	ION, DESIGN/CONSTRUCTION SE ARFF VEHICLE, -29R, INSTALL AND UPGRADE
12. AREAS AFFECTED BY PRO	OJECT (Cities, Counties	, States, etc.):		All CIEB GIO	314 (OL	
COUNTIES OF FRESNO, MADE	ERA, TULARE, KINGS, I	MERCED, MARIP	OSA			
13. PROPOSED PROJECT Start Date:	Ending Date:			a. Applicant	SSIONAL DISTRICTS	DF: b. Project
04/04	04/07			18th		18th
15. ESTIMATED FUNDING:				<b>ORDER 12372</b>	PROCESS?	REVIEW BY STATE EXECUTIVE
a. Federal \$		5,196,000		a. Yes. 🛛 Th	HIS PREAPPLICATION	VAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$		273,474		<b>-</b> 1	ROCESS FOR REVIEW	
c. State \$		.00		DA	ATE: TBD	
d. Local \$		.00		b. No.	ROGRAM IS NOT COV	ERED BY E. O. 12372
e. Other \$		.00				T BEEN SELECTED BY STATE
f. Program Income \$		.00			OR RÉVIEW PLICANT DELINQUE!	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		5,469,474		Yes If "Yes	" attach an explanation	. 🗷 No
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	AUTHORIZED BY THE	ALL DATA IN TH	HIS APP	LICATION/PRE	APPLICATION ARE T T AND THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
a. Authorized Representative Prefix MR.	First Name SEVERO				Middle Name	
Last Name ESQUIVEL	A				Suffix	
D. Title INTERIM DIRECTOR OF TRANS	SPORTATION /				c. Telephone Number ( (559) 621-4600	(give area code)
d. Signature of Authorized Repres		- Cys			e. Date Signed 2-	-17-04

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APPLICATION FOR FEDERAL ASSISTANC	F	2. DATE SUBMITTED		Applicant Id	Version 7
1. TYPE OF SUBMISSION:				AlP3-06-008	37FYI FFY2004
Application	Pre-application	3. DATE RECEIVED B	Y STATE	State Applic See Attache	ation Identifier
Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGENC	Y Federal Ider	
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION	V				
Legal Name:			Organizational U	nit:	
CITY OF FRESNO			TRANSPORTATION	ON	
Organizational DUNS: 17-678-5079		Z D W G	Division: AIRPORTS		
Address: Street:		E I V E IN	Name and teleph	one number of p	erson to be contacted on matter
4995 EAST CLINTON WAY	1101-		Prefix:	plication (give ar First Name:	rea code)
City: FRESNO	HAM IIII	<del>-8 2004                                     </del>	MR. Middle Name	KEVIN	
County: FRESNO			Last Name MEIKLE		
State: CA	Zip Gode 93727CT A TE CI	EARING HOUSE	- MEIKLE - Suffix:		
	93727STATE CL	Land A TATION AND TO SE			
Country: UNITED STATES	h		Email: Kevin.Meikle@fre	sno.gov	
6. EMPLOYER IDENTIFICATION	( 7.		Phone Number (given		Fax Number (give area code)
94-6000338			559-621-4536		559-498-5549
8. TYPE OF APPLICATION:	T = 1		7. TYPE OF APPL	ICANT: (See bad	ck of form for Application Types)
<b>№ Nev</b> f Revision, enter appropriate lett	er(s) in box(es)	n 🔲 Revision	C. MUNICIPAL		
See back of form for description	of letters.)		Other (specify)		
Other (specify)			9. NAME OF FEDE	DAL ACENOV	
			FEDERAL AVIATION	ON ADMINISTRA	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:			ICANT'S PROJECT:
		2 1-1 0 6	Fresno Yosemite II	nternational Airpo	rt FAR P art 150 Noise Freat Residences in the 65-75
FITLE (Name of Program): AIRPORT IMPROVEMENT PRO	OGRAM (AIP)		CNEL Contours of	the NEM.	real Residences in the 65-75
2. AREAS AFFECTED BY PRO	DJECT (Cities, Counties,	States, etc.):	1		
Fresno County					
3. PROPOSED PROJECT Start Date:	In the Divining of the Control of th		14. CONGRESSIO	NAL DISTRICTS	
0/2004	Ending Date: 09/2006		a. Applicant 18th		b. Project 18th
5. ESTIMATED FUNDING:			16. IS APPLICATION	N SUBJECT TO	REVIEW BY STATE EXECUTIVE
. Federal \$		00	ORDER 12372 PRO	CESS?	I/APPLICATION WAS MADE
. Applicant \$		2,000,000	AVAILA	BLE TO THE STA	ATE EXECUTIVE ORDER 12372
		105,263	PROCE	SS FOR REVIEV	V ON
. State \$			DATE:		
. Local \$		.00	b. No. 🗂 PROGF	AM IS NOT COV	ERED BY E. O. 12372
. Other \$		.00		OGRAM HAS NO	T BEEN SELECTED BY STATE
Program Income \$		.00	FOR RE	VIEW	NT ON ANY FEDERAL DEBT?
. TOTAL \$		00			
R TO THE BEST OF MY KNOW	// EDGE AND BELIEF	2,105,263	Yes If "Yes" atta	ch an explanation	. 🔲 No
8. TO THE BEST OF MY KNOW DCUMENT HAS BEEN DULY A	UINURIZED DI INE G	OVERNING BODY OF T	LICATION/PREAPPI HE APPLICANT AN	ICATION ARE T	RUE AND CORRECT. THE
TACHED ASSURANCES IF TH Authorized Representative	HE ASSISTANCE IS AW	ARDED.			WILL COMPLY WITH THE
	First Name SEVERO		Middl	e Name	
ast Name SQUIVEL	JL V ERU		Suffix		
Title	-A	7/			
ITERIM DIRECTOR OF TRANS Signature of Authorized Represe		/	559-6	ephone Number ( 321-4600	give area code)
	///////////////////////////////////////		e. Da	e Signed	7-14-04
evious Edition Usable	(ノ (人	1			Standard Form 424 (Rev.9-2003

FEDERAL ASSISTANC	E	2. DATE SUBMITTE		RUARY 26, 2004	Applicant Ide	entifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED			State Applica	ation Identifier
<b>☑</b> Construction	Construction	4. DATE RECEIVED	BY FE	DERAL AGENCY	Federal Iden	tifier
Non-Construction	Non-Construction					
<ol> <li>APPLICANT INFORMATION Legal Name:</li> </ol>	1	***************************************	Or	ganizational Unit:		
-	HOE AIRPORT DISTRIC	T		partment:		
Organizational DUNS:		1	Div	vision:		
00-649	9-2235			TRU	CKEE TAHOE	
Address: Street:	TO EG		Na	me and telephone olving this applica	number of pe	erson to be contacted on matt
10356 TRUC	KEE AIRPORTIROAD	Lauric Bef		efix:	First Name:	
City:	- Hn $)$	~ 0 000 t	Unib	MR. Idle Name		DAVID
TRUCKEE County:	<b> ∐∐</b>  MA	<u>R - 8 2004 </u>			VERNON	The same recommendation of the same recommendation of the same recommendation of the same recommendation of the
NEVADA			1   1		GOTSCHALL	
State: CALIFORNIA	Zip Code	I MAINISIA MAI	IC Sut	fix:		
Country: USA	SIAIL	LANCE HO	Em	ail:		-A-b
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Pho	ma ne Number (give are		etahoeairport.com Fax Number (give area code)
9 4 - 1 5 6 3 3 2 8	]			530-587-4540	•	530-587-2984
. TYPE OF APPLICATION:	J		7. T	YPE OF APPLICA	NT: (See back	of form for Application Types)
₩ New	∕	Revision			G. SPECIAL	
Revision, enter appropriate letto see back of form for description	er(s) in box(es) of letters.)		Othe	r (specify)	O. OI LOIAL	DOMO
ther (specify)			9. N	AME OF FEDERAI	AGENCY:	
). CATALOG OF FEDERAL D	OMEOTIC ACCIOTANCE					DMINISTRATION ANT'S PROJECT:
2. AREAS AFFECTED BY PRO		States, etc.):			NG FACILITY	N FOR NEW TERMINAL AND
RUCKEE, NEVADA COUNTY,  3. PROPOSED PROJECT	PLACER COUNTY, CAL	IFORNIA	-			
tart Date:	Ending Date:			ONGRESSIONAL plicant		F: b. Proiect
MAY 2004	OCTOBER	R 2004		14th	1	14th
5. ESTIMATED FUNDING:			ODD	ED 49979 DDAAEC	.00	EVIEW BY STATE EXECUTIV
Federal \$		477,000	a. Ye	## THIS PREA	PPLICATION/A	APPLICATION WAS MADE TE EXECUTIVE ORDER 12372
Applicant \$		25,105	7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OR REVIEW	IL EVECOUINE OUDER 15315
State \$		25,105	-	DATE: FFB	RUARY 26, 20	n4
Local \$		00	_	22222		
l'a		•	b. No	. A PROGRAM	IS NOT COVE	RED BY E. O. 12372
Other \$		. 00		OR PROGR.		BEEN SELECTED BY STATE
Program Income \$		.00	17. IS			ON ANY FEDERAL DEBT?
TOTAL \$	• .	502,105 ·		es If "Yes" attach ar		₩ No
. TO THE BEST OF MY KNOW CUMENT HAS BEEN DULY A	LEDGE AND BELIEF, A UTHORIZED BY THE GO	LL DATA IN THIS APP OVERNING BODY OF	PLICATI	ON/PREAPPLICA PLICANT AND TH	TION ARE TRI	UE AND CORRECT. THE
TACHED ASSURANCES IF TH Authorized Representative	IE ASSISTANCE IS AWA	ARDED.				
	First Name DAVID			Middle Na		<del> </del>
st Name	DAVID			Suffix	VERNON	
GOTSCHALL					ne Number (giv	ve area code)
GENERAL MANAG			*		53	0-587-4540
Signature of Authorized Represe vious Edition Usable	D. A	Oschel		e. Date Sig	FEB	RUARY, 25, 2004
	,					Standard Form 424 (Rev.9-2003

APPLICATION FOR		2. DATE SUBMITTED		Applicant Idea	Version 7/03
FEDERAL ASSISTANCE		l N	IARCH 2, 2004	Applicant Ider	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	ion Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGEN	CY Federal Identi	fier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION					
Legal Name:		TD10T110 40	Organizational Department:	Unit:	
Organizational DUNS:	TY WATERWORKS DIS	TRICT NO. 16	Division:	IBLIC WORKS AGE	NCY
0666911	22		Division: W/	ATER AND SANITAT	TION SERVICES DIVISION
Address: Street:				hone number of pe pplication (give are	rson to be contacted on matters
P.O. BOX 250	O F T	可是 [1]	Prefix:	First Name:	
City: MOORPARK	IN EGE		Middle Name	REDDY	RAJA
County: VENTURA	13/	8 2004	Last Name	PAKALA	
State: CALIFORNIA	Zip Code MAR 93021		Suffix:	7 11 17 1567 5	
Country: U.S.A.  6. EMPLOYER IDENTIFICATIO  9 5 - 6 0 0 0 9 4 4		TING HOUSE	Email:	akala@mail.co.ventu	ira ca ile
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN)	KINGTIO	Phone Number (		Fax Number (give area code)
95-6000944	SIAIL				
8. TYPE OF APPLICATION:	a'		7. TYPE OF APP	PLICANT: (See back	k of form for Application Types)
☑ New		n 🔲 Revision	G (Special I	District)	
If Revision, enter appropriate lette (See back of form for description			Other (specify)		
Other (specify)			9. NAME OF FE	DERAL AGENCY:	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBED:	11 DESCRIPTIV	/E TITLE OF APPLI	CANT'S DDO IECT
IV. CATALOG OF TEDERAL	OWILOTIC ASSISTANC	· ·			T PLANT UPGRADE/EXPANSION
TITLE (Name of Program):		1 0-7 6 0		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
WATER AND WA		AND GRANT PROGRAM			
12. AREAS AFFECTED BY PRO		, States, etc.):	e de la		· .
VENTURA COUNTY, CA	ALIFORNIA		44 CONCRESS	IONAL DISTRICTS	OF.
Start Date:	Ending Date:		a. Applicant	IONAL DISTRICTS	b. Project
JULY 2005	JULY	2006	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4TH DISTRICT	24TH DISTRICT
15. ESTIMATED FUNDING:			ORDER 12372 P	ROCESS?	REVIEW BY STATE EXECUTIVE
a. Federal \$		4,008,160	THIS	<b>PREAPPLICATION</b>	I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$	17.00	1,362,720		CESS FOR REVIEW	
c. State \$		00	DAT	E:	
d. Local \$		.00	b. No. 🔲 PRO	GRAM IS NOT COV	ERED BY E. O. 12372
e. Other \$		.00	n or F	PROGRAM HAS NO	T BEEN SELECTED BY STATE
f. Program Income \$		.00			NT ON ANY FEDERAL DEBT?
g. TOTAL \$		.00	Yes If "Yes" a	attach an explanation	. 🗷 No
18. TO THE BEST OF MY KNO					
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T			HE APPLICANT	AND THE APPLICA	NI WILL COMPLY WITH THE
a. Authorized Representative Prefix	First Name		INA:	iddle Name	
	RAJA			REDD\	Υ .
Last Name PAKALA		P		ıffix	
b. Title MANAGER			c.	Telephone Number	(give area code) (805) 584-4830
d. Signature of Authorized Repre-	sentative	CL	e.	Date Signed 3	2104
Previous Edition Usable		<u>~ ~ `                                 </u>			Standard Form 424 (Rev.9-2003)

APPLICAT	ION FOR				,	Olvid Apploval	110. 0340-004
FEDERAL		NCE	2. DATE SUBMITTED	2004	Applicant Ider	ntifier	
			January 13,				
1. TYPE OF SU	MISSION:		3. DATE RECEIVED BY	STATE	State Applica	tion Identifier	
Application	•	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Ident	lfier ·	
X Construct  Non-Cons		Non-Construction	4. DATE RECEIVED DI				
5. APPLICANT		T Non Concession					
Legal Name:				Organizational Unit:	0551		
City of	Hanford			City Manage	r Office	son to be contacted on m	acttore involvi
Address (give ci	ty, county, State	and zip còde):		this application (give a		son to be contacted on it	iallers involvi
319 N. Hanford	Douty Stre , Californ	eet nia 93230		Barbara McC	urdy Mart	y (559) 585–25	82
Kings C	ounty	ALAM MADED /E/A/A		7 TYPE OF APPLIC	ANT: (enter ap)	propriate letter in box)	
		N NUMBER (EIN):		,,,,,,			C
9 4 —	6 0 0 0	3 4 5		A. State		ent School Dist.	<del></del>
8. TYPE OF AP	PLICATION:			B. County		rolled Institution of Highe	er Learning
	X Nev	v ☐ Continuation	Revision	C. Municipal	J. Private Un K. Indian Trib	· ·	
				D. Township E. Interstate	L. Individual	Je	
If Revision, ente	r appropriate let	ter(s) in box(es)		F. Intermunicipal	M. Profit Org	anization	
		Ad C Incres	ase Duration	G. Special District			
A. Increase A			ase Duration	G. 5p3=131	_		
D. Decrease L	Ouration Other	(specny):		9. NAME OF FEDER	RAL AGENCY:		
				U.S. Depart	ment of C	Commerce	
				Economic De	velopment	: Administratio	n
10.04741.00	OF FEDERAL F	OMESTIC ASSISTANCE	NUMBER:			ICANT'S PROJECT:	
10. CATALOG	OF FEDERAL L	OMESTIC ACCIONATION	[][] [3]0 [0	Design and	Engineeri	ing of the Cons	truction
						raining Center	and
TITLE		Works Grant		Access Road	CTYTION PROPERTY.		
		OJECT (Cities, Counties, 5	States, etc.):	RECEI	VED	RECEIV	ED
	l, Kings C		DISTRICTO OF	MAR 4	000	111	4000
13. PROPOSE		14. CONGRESSIONAL	DISTRICTS OF:	1	2004	JAN 1 3	
Start Date 6/04	Ending Date 10/04	a. Applicant 20		b. Project \$120 E CLEARIN	IG HOUSE	O REVIEWAN STATE	NG HOUS
15. ESTIMATE	D FUNDING:			ORDER 12372	PROCESS?		
a. Federal		\$	315 000:				
a. rederal		•	315,000	a. YES. THIS PR	EAPPLICATIO	NAPPLICATION WAS N	MADE
b. Applicant		\$	79,000 .ºº		SLE TO THE ST SS FOR REVIE	TATE EXECUTIVE ORD	ER 123/2
			00				
c. State		\$		DATE _	November	30, 2001	
d. Local		\$		b. No. PROG	RAM IS NOT C	COVERED BY E. O. 123 NOT BEEN SELECTED	72 BY STATE
e. Other		\$	•	_	REVIEW		
f. Program Inc	ome	\$	.00	17. IS THE APPLIC	CANT DELING	UENT ON ANY FEDERA	AL DEBT?
g. TOTAL		\$	394,000 .00	Yes If "Yes			X No
-		OWLEDGE AND BELIEF	ALL DATA INTUIC APPL	ICATION/PREAPPI IC	CATION ARE T	RUE AND CORRECT, T	THE
DOCUMENT	HAS BEEN DU	LY AUTHORIZED BY THE	GOVERNING BODY OF	THE APPLICANT AND	THE APPLIC	ANT WILL COMPLY WE	TH THE
a. Type Name	of Authorized F	IF THE ASSISTANCE IS A epresentative	b. Title	rar		ne Number 9) 585-2516	
Jan E.	Reynolds f Authorized Be		City Manag	? <u>∈⊤</u>	e. Date Sig		
		- E. Payala	(3			Standard Form 424 (Re	v. 7 <b>-</b> 97)

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Standard Form 424 (Hev. 7-97)
Prescribed by OMB Circular A-102

SEDD

## APPLICATION FOR FEDERAL ASSISTANCE

TEDETOLE AGGIOTATION			Applicant Identifier
1. TYPE OF SUBMISSION		2. DATE SUBMITTED	
Application	Preapplication	3. OATE RECEIVED BY STATE	State Application Identifier
		4, DATE RECEIVED BY FEDERAL ACENCY	Federal Identifier
Construction X Non-Construction		<b>=</b>	
5. APPLICATION INFORM Logal Name	ATION	Organization Unit:	A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
_	TO COMMENT DISTRICT		
SIERRA ECONOMIC DEVE		Name and telephone number of the t	person to be contacted on matters involving
Address (give city, county, state, a 560 WALL STREET STE F	ng zip code).	this application (give area code)	
PLACER COUNTY			
AUBURN CA 95603		ELIZABETH RILEY, (530	) 823-4703
6. EMPLOYER IDENTIFICATION	NUMBER (EIN)	7. TYPE OF APPLICANT (enter appropriate lett	(ar in box) [N]
94-1705043		A. State	H. Independent School Dist.
8. TYPE OF APPLICATION		B. County	<ol> <li>State Controlled Institution of Higher Learning</li> </ol>
[ ] New [X ] Continua	ation [] Revision	C. Munidipal	J. Private University
		D. Township	K, Indian Tribo
If Revision, enter appropriate letter	(s) in box(s)	E. Intorstate	L. Individual
A, Increase Award	B. Decrease Award	F. Intermunicipal	M, Profit Organization  N. Other (Specify) <u>EDD</u>
C. increase Duration	D. Decrease Duration	G. Special District	N. Ottor (Specify)
Other (specify)		D. NAME OF FEDERAL AGENCY	
10. CATALOG OF FEDERAL DON	MESTIC ASSISTANCE		ENT ADMINISTRATION
	11-302		
NUMBER TITLE:	11 002		
		·	The state of the s
12. AREAS AFFECTED BY PROJ	ECT	ECONOMIC DEVELOPMENT	PLANNING PROGRAM CENTER
(cities, counties, states, etc.			
			PLANNING PROGRAM-CEIVED  MAR 4 2004
EL DORADO, NEVADA, PL	ACER &		
SIERRA COUNTIES		14. CONGRESSIONAL DISTRICYS OF:	STATE CLEARING HOUS
13, PROPOSED PROJECT: Start Date	Ending Date	a. Applicant	b, Project
	3/31/2005	JOHN DOOLITTLE 4	JOHN DOOLITTLE 4
4/1/2004 15, ESTIMATED FUNDING:	3/31/2003	16. IS APPLICATION SUBJECT TO REVIEW BY	
	\$ 76,000	ORDER 12372 PROCESS?	
a, Federal	\$ 76,000	a. YES THIS PREAPPLICATION/APPLICATION	I WAS MADE AVAILABLE TO THE STATE
b. Applicant			
c. State		EXECUTIVE ORDER 12372 PROCESS FOR REV	
d. Local	\$ 25,333		E <u>3/4/2004</u>
e. Other		b. NO: [ ] PROGRAM IS NOT COVERED BY	
f, Program Income		OR PROGRAM HAS NOT BEEN SE	
g, TOTAL	\$ 101,333	17. IS THE APPLICANT DELINQUENT ON ANY I	FEDERAL DEBT?
		1 1 103 11 100 21001 210 110	
18.TO THE BEST OF MY KNOWLEDGE AND	BELIEF, ALL DATA IN THIS APPLICA	ATION/PREAPPLICATION ARE TURE AND CORF TAND THE APLICANT WILL COMPLY WITH THE	ATTACHED
assurances if the assistance is awa a. Typed Name of Authorized Repre		b, Title	c. Talaphone number
ELIZABETH RILEY		PRESIDENT	(530) 823-4703
d, Signature, fo Authorized Represe	ntative -	And the second s	e. Date Signod
a, Signature, to Authorized Represe	$\mathcal{T}_{ij}$		3-4-04
1116661 7	. O.E. K. T		Secret 1

- 10H 14.04 II			7	D'EBEIV	E
				DEE UV	13
APPLICATION FOR FEDERAL ASSISTANCE	•	2. DATE SUBMITTED	<b>3</b> 7	2 200	Version 7/0
		2 Mar	sh 2004	Applicant Identifier \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	a .
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	YSTATE	State Application Identifier	
Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Tolentiner CLEARING	H0 -
Non-Construction	☐ Non-Construction			SIAIL Uksbarinno	11.40
5. APPLICANT INFORMATION Legal Name:	- 3,			44.4	
	1 T		Organizational Unit		
Organizational DUNS:	CSCUT Reso	rue, Inc.			
$\sim$ 3	<u>-991-37</u>	51	Division:	· .	
Address: Street:			Name and telephon	number of person to be contacted sation (give area code)	on matters
47-900 Pa	ortola A	venue	Prefix: Mv.	Firet Name:	<u></u>
Cliv		winds	Middle Name	Daniel	
County'	sert	•	Last Name	RIEN	
State: River sic	7: 0 1		<u> </u>	imainski	
State: CA	Zip Code 92 ±	260	Suffix:	-	
Country: U.S. A	<del>}</del> .	,	Email:	tresoprations	- CV
6. EMPLOYER IDENTIFICATION	N-NUMBER (SN)	WED	Prione Number (give a	ci @livinadesert. rea oode)   Fax Number (give area	code)
95-3395354			760.346	5694 760.568.	2839
8. TYPE OF APPLICATION:	n		7. TYPE OF APPLIC	5694 760. 568. ANT: (See back of form for Application	Types)
If Revision, enter appropriate lette	Continuation	Revision	10 Not	for Profit Ovean	risation
(See back of form for description	of letters.)				•
Other (specify)			9. NAME OF FEDER	A AGENCY:	
, , ,	<u>STATE CLEARI</u>	NG HOUSE	U.S. Fizha	TLE OF APPLICANT'S PROJECT:	Rarby2
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:	7
TITLE (None of December)			Mexico	ay Wolf	
ITITLE (Name of Program):  Mexica  12. AREAS AFFECTED BY PRO	olf Spacias	Survival Plan	Some	: Survival Plan	Λ.
12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties,	States, etc.):	Spicie		
	ous state	25	1:		
13. PROPOSED PROJECT Start Date:	Ending Date:		14, CONGRESSIONA a. Applicant	h Orninal	
2 March '04	27	Javely '09	Calitorn	ia=45 Variou	
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PROC	SUBJECT TO REVIEW BY STATE E: -SS?	XECUTIVE
a. Federal \$	5,0	.00	THIS PRE	APPLICATION/APPLICATION WAS N	AADE
b. Applicant \$		.00	\ \ WANDADI	LE TO THE STATE EXECUTIVE ORD S FOR REVIEW ON	ER 123/2
c. State \$		.00	DATE	2 March 04	
d. Local \$		- ,00		M IS NOT COVERED BY E. O. 12372	
	, ,.		D. NO. L.1	• ,	
e. Other \$	:	,00	OR PROC	RAM HAS NOT BEEN SELECTED BY	/ STATE
f. Program Income \$		.00	17. IS THE APPLICAL	IT DELINQUENT ON ANY FEDERAL	DEBT?
g. TOTAL S	= 0	00.00	Yes If "Yes" attach	an explanation.	
18. TO THE BEST OF MY KNOW				ATION ARE TRUE AND CORRECT.	THE
DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF TH	UTHORIZED BY THE G	SOVERNING BODY OF T	THE APPLICANT AND	THE APPLICANT WILL COMPLY WIT	TH THE
a. Authorized Representative	First Name		h 4: -1 -11 -	Name ()	
1715.	Kay	ren	. Middle	Name Ann	
Last Name Sauch	navi		Suffix		
b. Tille Preside			c. Telep	hone Number (give area code)	
d. Signature of Authorized Repres	entative			Signed	
Previous Edition Usable	auoma	· · · · · · · · · · · · · · · · · · ·		Standard Form 424 (	Rev.9-2003)
Authorited for Local Reproduction				Observited by OMP Ci	

OMB Approval No. 0348-0043 **APPLICATION FOR** 2. DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE March 2, 2004 3. DATE RECEIVED BY STATE 1 TYPE OF SUBMISSION: State Application Identifier Application Construction Preapplication **☑** Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Non-Construction ☐ Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: City of Hanford, California Hanford Municipal Airport (HJO) Name and telephone number of person to be contacted on matters involving Address (give city, county, State, and this application (give area code) 319 North Douty Street Thomas J. Haglund (559) 585-2521 Hanford, CA 93230 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) С 4 6 0 0 0 3 H. Independent School Dist. A. State B. County I. State Controlled Institution of Higher Learning 8. TYPE OF APPLICATION: J. Private University C. Municipal Revision New New Continuation D. Township K. Indian Tribe If Revision, enter appropriate letter(s) in box(es) E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) B. Decrease Award C. Increase Duration A. Increase Award D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: Federal Aviation Administration 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 0 6 2 0 Underground Power Poles at R/W 32; Install Surveillance System: Purchase 1 acre of land adjacent to taxiway to TITLE: Airport Improvement Program increase separation from R/W to 240'. 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Hanford, Kings County, California 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Ending Date b. Project Start Date a. Applicant 20 20 3/1/04 7/31/05 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 15. ESTIMATED FUNDING: ORDER 12372 PROCESS? a. Federal \$ 1.991.471 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 \$ b. Applicant PROCESS FOR REVIEW ON: c. State \$ 03/02/04 DATE d. Local S 104.814 b. No. | PROGRAM IS NOT COVERED BY E. O. 12372 ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE e Other 8 FOR REVIEW 00 f. Program Income \$ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL Yes If "Yes," attach an explanation. No. 2.096.285 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative c. Telephone Number (559) 585-2516 City Manager • Jan E. Reynolds e. Date Signed d. Signature of Authorized Representative

APPLICATION FOR					Version 7/03
FEDERAL ASSISTANC	E	2. DATE SUBMITTED March 15, 2004		Applicant Ide	entifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Applica	ation Identifier
Application	Pre-application	A DATE DECEMED DV	EEDEDAL AOE	NOV E-1	us.
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGE	ENCY Federal Iden	uner
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
Legal Name:			Organizationa	al Unit:	
Mercy Housing California			Department: Self-Help House	sing	
Organizational DUNS: 88-352-3748	***************************************		Division:	31119	
Address:			Name and tele	ephone number of p	erson to be contacted on matters
Street: 3120 Freeboard Drive, Suite 20	าว			application (give ar	ea code)
31201 Techodia brive, odite 20	JZ		Prefix:	First Name: Greg	
City: West Sacramento			Middle Name John	•	
County: Yolo			Last Name Sparks		
State: CA	Zip Code 95691		Suffix:		
Country:			Email:		
6. EMPLOYER IDENTIFICATION	ON NUMBER (E(N):		gsparks@mer	r (give area code)	Fax Number (give area code)
94-308166			(916) 414-4439	,	(916) 414-4490
8. TYPE OF APPLICATION:			7. TYPE OF A	PPLICANT: (See ba	ck of form for Application Types)
<b>☑</b> Ne	w Continuation	n 🔲 Revision	O - Not for pro	•	,,
If Revision, enter appropriate le (See back of form for descriptio			Other (specify)	iit organization	
Cocc back of form for description			Other (specify)		
Other (specify)		•		EDERAL AGENCY: Housing Service	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	E NUMBER:	11. DESCRIPT	TIVE TITLE OF APPL	ICANT'S PROJECT:
		10-420	Mercy Housing	g California propose t	o complete 92 houses while
TITLE (Name of Program): Rural Self-Help Housing Techr	nical Assistance Grant		construction m	equivalent units usin nethod.	g the mutual self-help (dusing)
12. AREAS AFFECTED BY PI					MAR 2 2004
Yolo, Sutter, Yuba, Placer, Sac Solano, El Dorado, Colusa	ramento, San Joaquin, Ar	nador, Contra Costa,		!	MAR 2 2004
13. PROPOSED PROJECT	TE-U-D-C			SSIONAL DISTRICTS	1
Start Date: 6/1/04	Ending Date: 5/31/06		a. Applicant 1st		\$.T.F.2.E.C.L.FARING HOUSE
15. ESTIMATED FUNDING:			16. IS APPLIC ORDER 12372		REVIEW BY STATE EXECUTIVE
a. Federal	3	00 000	a. Yes.	IIS PREAPPLICATIO	N/APPLICATION WAS MADE
b. Applicant	5	2,790,000	Į Av	/AILABLE TO THE S <sup>*</sup> ROCESS FOR REVIE	TATE EXECUTIVE ORDER 12372 W ON
c. State		.00	DA	ATE:	
d. Local \$		. 00	b. No. 🌐 PR	ROGRAM IS NOT CO	VERED BY E. O. 12372
e. Other	j	00		R PROGRAM HAS NO	OT BEEN SELECTED BY STATE
f. Program Income	3	. 00			ENT ON ANY FEDERAL DEBT?
g. TOTAL \$		2,790,000 ·	Yes If "Yes"	" attach an explanation	n. 🗷 No
18. TO THE BEST OF MY KNO	OWLEDGE AND BELIEF		LICATION/PRE	APPLICATION ARE	
			HE APPLICAN	T AND THE APPLIC	ANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF a. Authorized Representative	THE ASSISTANCE IS A	WARDED.			
Prefix	First Name Greg			Middle Name John	
Last Name Sparks				Suffix	
b. Title Regional Director				c. Telephone Numbe 916-414-4439	r (give area code)
d. Signature of Authorized Repr	esentative	WI X WI I WI I W I W I W I W I W I W I W		e. Date Signed	1 × 200 × 200

APPLICATION FOR				····		\	Version 7/03
FEDERAL ASSISTANCE	•	2. DATE SUBMITTED February 25, 2004		Applicant lo	lentifier		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Applic	cation Identifi	er	
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGE	NCY Federal Ide	ntifier		
Construction	Construction			3-06-0226			
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				www		
Legal Name:			Organizationa	l Unit:			
City of San Jose			Department: Norman Y. Min	eta San Jose Intern	ational Airpo	ort	
Organizational DUNS: 063541874			Division:				
Address:				phone number of		e contacted o	n matters
Street:			Prefix:	application (give a		f frame had	
1732 N. First Street, Suite 600			Ms. Middle Name	Lifian 1		Carl	5
City: San Jose			S.	\ \	MAR I	L 2004	
County: Santa Clara			Last Name Ramirez			- A HATIST	-13
State: CA	Zip Code 95112		Suffix:	STAT	TE CLEAR	ING HOUSE	at.
Country: Santa Clara			Email:   Iramirez@sjc.c	org			
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):			(give area code)	Fax Num	nber (give area o	code)
94-6000419	٠ 		408.501.7663		408.573	.1677	
8. TYPE OF APPLICATION:			7. TYPE OF A	PPLICANT: (See b	ack of form f	or Application	Types)
		n Revision	C - Municipal				
(See back of form for description	of letters.)	П	Other (specify)				
Other (specify)				EDERAL AGENCY Aviation Administra			
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPT	IVE TITLE OF APP	LICANT'S P	ROJECT:	
TITLE (Name of Program): Airport Improvement Program (	A ID)	20-106	high mast light	ron Lighting: To pro ling adjacent to Terr ad improvements or	ninal C for ra	amp and apron	
12. AREAS AFFECTED BY PF		s. States, etc.):	-		Ū		, ,
City of San Jose	(0.11.00)	o, o.ao., o.o.,.					
13. PROPOSED PROJECT			14. CONGRES	SIONAL DISTRICT	S OF:	***************************************	
Start Date:	Ending Date:		a. Applicant		b. Projec	xt.	
September 2004 15. ESTIMATED FUNDING:	September 2006		15th	ATION SUBJECT	15th	BY STATE E	YECUTIVE
			<b>ORDER 12372</b>	PROCESS?			
a. Federal \$		500,000		IIS PREAPPLICATI AILABLE TO THE			
b. Applicant \$		315,000		ROCESS FOR REV			
c. State \$		.00	DA	ATE: February 25, 2	2004		
d. Local \$			b. No. 🗇 PF	ROGRAM IS NOT C	OVERED BY	/ E. O. 12372	
e. Other \$		. 00	1 1 -	R PROGRAM HAS I	NOT BEEN S	SELECTED BY	STATE
f. Program Income \$		. 00		PLICANT DELINQ	UENT ON A	NY FEDERAL	DEBT?
g. TOTAL \$		815,000 ·	☐ Yes If "Yes	" attach an explana	tion.	<b>☑</b> No	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PRE THE APPLICAN	APPLICATION AR T AND THE APPLI	E TRUE ANI CANT WILL	D CORRECT. COMPLY WIT	THE IH THE
a. Authorized Representative							
Prefix Mr.	First Name Peter			Middle Name			
Last Name Jensen				Suffix			
b. Title Assistant to the City Manager				c. Telephone Numb 408.277.3183	er (give area	code)	
d. Signature of Authorized Repr	esentative 1	AL_		e. Date Signed	25 Oll		

Previous Edition Usable Authorized for Local Reproduction 2-25. 04 Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

<b>APPLICATION</b>	N FOR				,	OMB Approval No. 0348-0043
FEDERAL AS		CE	2. DATE SUBMITTED Februar	y 25, 2004	Applicant identifier	
1, TYPE OF SUBMISSION			3, DATE RECEIVED B	Y STATE	State Application Identifier	
Application Construction	Preapplica Const		\$ 127.5 V		F 1 111 45	
_	: =		4, DATE RECEIVED E	Y FEDERAL AGENCY	Federal Identifier	
Non-Construction  5. APPLICANT INFORMAT		Construction				
Legal Name:	ION			Organizational Unit:		
Count	y of Hu	mboldt		D :	istrict Attori	
Address (give city, county,				application (give area co	mber of the person to be conta- de)	
County of H		,Distri	ict Attorne	y	Bill Rodstro	
825 Fifth S					(707) $268-256$	
Eureka, CA	95501-1	153	,		(707) 445-741	L <u>L</u>
6. EMPLOYER IDENTIFIC	ATION (EIN)			7 TYPE OF APPLICAN	∏: (enter appropriate letter in bo	x) 🗓
9 4	<b>-</b> 6	0 0 0	5 5 4	A. State	H, Independent Scho	ol Dist.
				B. County	<ol> <li>State Controlled Ins</li> </ol>	stitution of Higher Learning
8. TYPE OF APPLICATION	<b>\</b> :	<u>. 1</u>		C, Municipal D, Township	J. Private Industry K. Indian Tribe	
	☐ New	Continuation	n Revision	E. Interstate	L. Individual M. Profit Organization	
If Revision, enter appropria	te letter(s) in box	(es):		F. Intermunicipal G. Special District	N. Other (specity):	
A. Increase Award	B. Decrea	se Award	C. Increase Duration			CEIVEU
D. Decrease Duratio	n Other (spe	ecify):		9. NAME OF FEDERAL	AGENCY:	
	,,			Departmen	t of Justice N	IAR 1 20
					Justice Prog	11
10, CATALOG OF FEDER ASSISTANCE NUMBE		1 6	<b>-</b> 5 9 0	11, DESCRIPTIVE THE	OF APPLICANTS PROJECT:	CLEARING HOUSE
Grants	to Enco	rage A	rrest	Protection	Orders Discr	CLEARING HOUSF' etionary Grant
TMLE Policie	s & Enf	orcemen	nt of	Program.		
12, AREAS AFFECTED B	Y.PROJECT (di	ties, counties, sta	ntes, etc.):	District A	ttorney's Dome	estic Violence
C C		i <u>.</u>		Project	All the second	
County of	Humbolo	l T		,	r: July1 - Jui	20 70
13, PROPOSED PROJEC	T·	14 CONGRES	SIONAL DISCRICTS OF		i. Julyl - Jul	16 30
	ing Date	a, Applicant			b, Project	
l l	- T		Disa Di	•		Dintaint
	/28/07	Calli	. First Dis		Calif. First	
15, ESTIMATED FUNDING					MEW BY STATE EXECUTIVE	
a, Federal	\$ 558,0		oo a, YES.	THIS PREAPPLICATION/ EXECUTIVE ORDER 12:	APPLICATIN WAS MADE A VA 372 PROCESS FOR REVIEW	ON:
b, Applicant	\$		00		y 25, 2004	
D, Applicant	Ψ .	•		ATE	, 20, 2001	
c, State	\$		_	_		
			b. NO.	PROGRAM IS NOT	COVERED BY E.O. 12372	
d, Local	\$1	),	<sup>00</sup>   r	T OR PROCESSALUAC	NOT BEEN SELECTED BY S	TATE FOR DEVIEW
			L	OR PROGRAM HAS	NOT DEEN SELECTED BY S	TATE FOR REVIEW
e, Other	\$	. ,(	00			
f. Program Income	\$		00 17, IS THE AP	PLICANT DELINQUENT	ON ANY FEDERAL DEBT?	
i, i rogiziii picortic	Ψ	•				
g, TOTAL	\$	, , ,	00 Yes	If "Yes," attach an expli	anation,	X No
	558,0					
18, TO THE BEST OF MY K AUTHORIZED BY THE GOV	NOWLEDGE AND ERNING BODY O	BELIEF, ALL DAT F THE APPLICAN	A IN THIS APPLICATION/P T AND THE APPLICANT W	REAPPLICATION ARE TRUE ILL COMPLY WITH THE ATT	AND CORRECT, THE DOCUMENTACHED ASSURANCES IF THE AS	IT HAS BEEN DULY SSISTANCE IS AWARDED
a, Typed Name of Authoriz				b, Title	C	c, Telephone number
Jill Geis		rperson	<u>n</u>	Roard of	Supervisors	707)476-2395 e. Date Signed
d, Signature of Authorized	representative					1 1
1 Kall						FEB 2 4 2004

Application for Federal Asssitant	ce	2. DATE SUBMITTED  2-26-04	A
1. TYPE OF SUBMISSION		3. DATE RECEIVED BYSTATE	8
Application	Preapplication		
Construction	Construction	4. DATE RECIEVED BY	F
Non-Construction	Non-Construction	FEDERAL AGENCY	
5. APPLICANT INFORMATION			
Jegal Name:		Organizational Unit:	***********
ADDRESS (give city, county, st	ate, and zip code)	Name and telephone number of the p	erson
5747 Bayber	ry DR	on matters involving this application	n (giv
NorFolk Va	23 SAECEIVED	Wayne Carter (757) 4	66-9
1,000,000,000		7. Type of Applicant: (enter appropri	iate l
	MAR 1 2004	& State	H
		B. County	I.
	STATE CLEARING HOUSE	C. Municipal D. Township	
6. Employer Idenfication Numb	6 L	E. Interstate	J.
22-711	a 61 (7) (5) (5)	R. Intermunicipal  G. Special District	1.
		G Special Districts	M
8. Type of Application:		9. Name of Federal Agency	
NEW Contin	ustion Revision		
	Kevision .		
If Revision, enter appropriate 1	etter(s) in box(es):	10. Catalog of Federal Domestic Assi	stanc
	ecrease Award C. Increase Duration	i i	<u> </u>
D. Decrease Duration Othe	er (specify):	Title:	
HANd: capped	Person, le.g. deaf Blind	C	
11. Descriptive Title of Applican	t's Project	12. Areas Affected by Project (cities,	40117
	SON, Ceg. deaf, Blind, Crips	in the state of th	60 676
MANOY Capped ICI	30 N. Cerg. clear, Blind, Cripp	o/e)	
13. Proposed Project:		14. Congressional Districts Of:	
Start Date Ending Date	a. Applicant	b. Project	
5. Estimated Funding:		16. Is application subject to review by	Sta
1. Federal \$ 25, C	000	a. YES This preapplication was made	
Applicant \$ 45	12	State Executive Order 12372	
. State \$ 25, C	000	DATE	
1. Jocal \$ 25, C	000	b. NO Program not coveredby E.O	
A	000	or Program has been selecte	фþi
. Program Income \$		17. IS APPLICANT DELIQUENT ON AL	MY 1
. Total \$ 104.5	3/2	Yes (If Yes, attach an explains	
8 TO THE BEST OF MY KNOIP	DOW AND DELLER ALL DAMA CO-		

18 TO THE BEST OF MY KNOIEDGE AND BEILEF, ALL DATA ON THIS APPLICATION/PREAPPLICATION ARE TRUE AT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMIT

Wayne Carter

SNumber: <sup>0911</sup> APPLICATIO	N FOR		2 DATE BURNITTED		Applicant Identifier
EDERAL A	SSISTANCE				
Application	ON:	elon	3. DATE RECEIVED BY	STATE	State Applications (dentifier
Construction	☐ com	athiction	4 DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier 7 HB0C802 4 HB0C80
Non-Constudi	-	-Construction			
APPLICANT INFORM	I C	7 12	GEIV	ipromizations Unit	
SAN DIEGO FA	AMILY CARE	N E	6 F I A	<u> </u>	
these (give day, courts	y, इंडिक, बार्च और and की	اکم		Name and shappyone run	that of the person to be contacted on medium in-chiefd
973 LINDA VIS	TA ROAD	UII 1	AAR - 1 2004	ROBERTAL	FEINBERG, M Chief Executive Officer
			IIAN - 1 2004	Laure	:
BAN DIEGO	CA	02711		858-279-9676	• .
BAPLOYER IDENT	TO A TOOL SUPERIOR	E/AD:	AL PARIATION	TOTAL OF APPLICAN	T: (fenter appropriate latter in box)
1330306477A1	1 '	STATE	CLEARING F	TOUSE	H, independent School Dist.
TYPE OF APPLICAT				B. County	State Controlled Institution of Higher
TANG OF VILLIAM	_	7 Continuation	Penision	C. Maniobel	Learning L Private University
	□ <b>~~</b> [6			O. Township E. Interstate	K Indian Titos
Panision, enter approp				F. Intermunicipal	L. Individual Other: Private Non-Profit
A. Increase Award	B. Decrease		C. Fromese	F. Intermunicipal	(GOACITY)
	B. Decrease		Duranion	F. Irenmunicipal  B. NAME OF PEDERAL	(GOACITY)
A. Increase Award D. Decrysten Oursilo	8. Decrease on Other (speci	ly):	Duration	F. Irannunicpal B. NAME OF PROSPAL HEIS, BPHC	LAGENCY:
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☐ YES

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Chief Executive Officer

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856-279-9676

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Roberta L. Feinberg, M.S.

d. Constitute of Auditoriand Representative

g. TOTAL

\$5,982,152.00

\$7,777,558.00